MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION						
Type of Requestor: (x) HCP () IE () IC Response Tin	nely Filed? () Yes (x) No				
Requestor's Name and Address Pharmacy Management Corporation	MDR Tracking	MDR Tracking No.: M4-03-6595-01				
P.O. Box 15640	TWCC No.:					
Fort Worth, TX 76119-5640	Injured Employe	Injured Employee's Name:				
Respondent's Name and Address	Date of Injury:					
Royal Indemnity Co. Box 11	Employer's Nar	Employer's Name:				
	Insurance Carrie	Insurance Carrier's No.: 290038239500				
PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)						
Dates of Service	CPT Code(s) or Description	Amount in Dispute	Amount Due			
1	er results) or Bescription	In Dispute	· · · · · · · · · · · · · · · · · · ·			

PART III: REQUESTOR'S POSITION SUMMARY

To

09/24/02

From

09/24/02

Position Summary dated 06/04/03 states in part, "... The expected out come of this issue is that we feel the claims should be paid per rule 134.503. We have provided the Carrier with documentation indicating the cost of the products included in this compounded drug. One of the ingredients, Ketoprofen has an NDC # of 00378-2750-01. The calculation for this one item if calculated based on the formula provided by the Commission is \$97.57, which is over the amount we billed for all of the items together. Therefore, the price we have billed is fair and reasonable..."

KETO PLO WC

\$46.53

\$46.53

PART IV: RESPONDENT'S POSITION SUMMARY

Respondent did not respond to the Request for Dispute Resolution. The copy of the Request for Medical Dispute Resolution was received by the carrier representative on May 21, 2003; the additional information submitted to the carrier was received by the carrier representative on June 18, 2003.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

KETO PLO WC 10% for date of service 09/24/02.	The payment exception code for this medication was '	F." Per Rule 134.500(a)(4) the requestor has				
submitted convincing evidence to support the recommendation of additional reimbursement in the amount of \$46.53 (\$95.44 – \$48.47).						

Date of Service CPT Code Dispute Due S46.53 \$46.53	PART VI: DETAIL FINDINGS (If needed)									
9/24/2002 KETO PLO WC \$46.53 \$	Date of		Amount in	Amount	Date of		Amount in	Amount		
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Signature of Insurance Carrier: Date:	I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.									
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